

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3876

BIRTH NO.		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 5122		Registrar's No. 43	
1. PLACE OF DEATH a. COUNTY Boone b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Near Columbia c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION N. of Columbia on Hi. 63				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Boone c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Missouri d. STREET ADDRESS (If rural, give location) R.F.D. 5 Columbia			
3. NAME OF DECEASED (Type or Print) ARCHIELEE		a. (First) COLEMAN		b. (Middle)		c. (Last)	
4. DATE OF DEATH		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Apr. 22 1927		9. AGE (In years last birthday) 22		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (State or foreign country) Boone County Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME B. E. Coleman		13b. MOTHER'S MAIDEN NAME Martha E. Sappington		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. L91-24-2709		17. INFORMANT'S SIGNATURE OR NAME B. E. Coleman		ADDRESS R.F.D. 5 Columbia Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial infarction in association with a ruptured spleen</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <i>Pneumonia</i> DUE TO (c) <i>Ruptured spleen</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Colocho</i>				INTERVAL BETWEEN ONSET AND DEATH <i>E82-1 32</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 63 n.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rockyfork T Boone Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 5 1950 2:20a	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car over turned		22. I hereby certify that I attended the deceased from <i>1948</i> , 19 <i>1948</i> , to <i>1948</i> , 19 <i>1948</i> , that I last saw the deceased alive on <i>1948</i> , 19 <i>1948</i> , and that death occurred at <i>1948</i> m., from the causes and on the date stated above.		23a. SIGNATURE <i>Harry M. Smith</i>	
23b. ADDRESS <i>Columbia Mo</i>		23c. DATE SIGNED <i>1-6-50</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 7 1950	
24c. NAME OF CEMETERY OR CREMATORY Locust Grove		24d. LOCATION (City, town, or county) Midway Mo.		25. FUNERAL DIRECTOR'S SIGNATURE <i>Parber Funeral Service</i>		ADDRESS <i>Columbia Mo</i>	
DATE REC'D BY LOCAL REG. Feb 8 1950		REGISTRAR'S SIGNATURE <i>Mrs R.E. Palmer</i>		31		25. FUNERAL DIRECTOR'S SIGNATURE <i>Parber Funeral Service</i>	
25. FUNERAL DIRECTOR'S ADDRESS <i>Columbia Mo</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>Columbia Mo</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>Columbia Mo</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>Columbia Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
FEB 16 1950
District Health Officer No. 9,
Office File Number

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Tom M. Harg

Licensed Embalmer No.

4067

P. O. Address

Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.